

Indiana State Police Clandestine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 07-23-2014

Street: 1765 W LUTES SOUTH DR

Incident #: 14ISPC006109

Apt, Lot, Room #:

County: JAY

City: PORTLAND, IN. 47371

Type of Laboratory Seizure (check one)

- ☒ Lab Seizure
☐ Chemical Seizure
☐ Equipment Seizure
☐ Dumpsite Seizure

Seizure Location (check all that apply)

- ☒ Residence ☐ Hotel/Motel
☐ Outbuilding ☐ Open – No Structure
☐ Vehicle ☐ Business
☐ Other: _____

Apt., hotel, multi-family dwelling: Shared HVAC: ☐ Yes ☐ No ☐ Unknown

Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)

- ☐ One Pot or Birch Reaction(s): _____
☐ Red Phosphorous/Iodine Reaction(s): _____
☒ Hydrochloric Acid Gas Generator(s): garage
☒ Flammable Solvents: garage
☐ Water Reactive Metal (Lithium): _____
☐ Anhydrous Ammonia: _____
☐ Corrosive Acid: _____
☒ Corrosive Base: garage/bathroom
☒ Ammonium Nitrate/Sulfate: kitchen
☐ Other (item and location): _____

Child under age 18 discovered (check appropriate)

- ☒ Yes 2 (number present)
☐ No
☐ Children not present but evidence they reside or visit often

Living conditions of home: ☐ clean ☒ disarray
☒ unclean
Estimated length of time manufacturing had been occurring: UNK
Additional Information: _____

Vehicle, Travel Trailer, RV or Watercraft Information:

Owner: _____
VIN: _____
Year: _____

Make: _____
Model: _____
Color: _____

This report has been faxed* or emailed to the following agencies that serve the location:

Fire Department: PORTLAND FD

Fax: FAXED

Health Department County: JAY

Fax: E-MAILED

Department of Child Services Hotline: dcshotlinereports@dcs.in.gov Fax: 317-234-7595 or 317-234-7596

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: ANDREW SMITH Phone 260-432-8661

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.